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To: John Pollak- Committee Services Administrator, Legal Services Division, Legislative Services Agency, Iowa Statehouse

From: Joshua Ewing- Health Policy Specialist, National Conference of State Legislatures

Date: September 25, 2013

Subject: Behavioral Health Workforce Recruitment and Retention

Mr. Pollak:

Per your request, I have put together an introductory memo outlining state policy options for behavioral health workforce recruitment and retention. In addition, I've included information on two additional subjects: integration of primary care and mental health services and telehealth. Because recruiting and retaining an adequate health care workforce remains a challenge in most areas, many states are turning to one or both of these strategies as an alternative and therefore may be of interest to your committee members.

It's worth noting that most of the policy options discussed below are rural-focused. This is for two reasons: first, my primary focus for the past couple of years at NCSL has been on rural health; second, not all, but most of the provider shortages exist in rural areas of the country.

Please let me know if there is an area where you would like more information and I will be happy to share additional information and resources.

Regards,

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PRIMARY CARE POLICY OPTIONS FOR RECRUITING AND RETAINING A RURAL HEALTH CARE WORKFORCE

Most of the policy options for recruiting and retaining a behavioral health workforce are similar to those strategies used for the primary care workforce. Here are some of the strategies used by states in the primary care workforce:

Scholarship Programs, Medical School Recruiting Efforts

Studies show that physicians who grow up in rural areas are more likely to pursue careers there. Unfortunately, not enough rural students choose medical careers. To address this issue, a number of state legislatures have created programs to recruit and encourage high school students to pursue careers in rural medicine. At least 21 state legislatures have created such programs to recruit and provide incentives for medical students to practice in rural areas upon graduation by offering scholarships, grants and/or tuition breaks.

Rural Residency Training Programs

Expansion of medical residencies in rural areas presents another option for states. Medical students who graduate from rural residency programs are three times more likely to practice in rural areas than those who graduate from urban programs. Only 7 percent of U.S. family medicine residency programs currently are located in rural areas; and only 4 percent of urban residency programs offer rural training tracks.

Student Loan Repayment

Many attractive aspects exist for practicing medicine in rural areas. One disadvantage, however, is that rural physicians typically earn less than their urban counterparts. For medical professionals who have thousands of dollars in student loan debt, the lower earning associated with rural practice can be cost-prohibitive. At least 16 state legislatures have attempted to address this issue by creating loan repayment programs for medical professionals who agree to practice in medically underserved areas of the state.

Non-Physician Primary Care Practitioners

Even with increased recruiting efforts and programs to encourage physicians to move to rural areas, rural America will still likely face significant shortages of primary care practitioners. Today, non-physician primary care practitioners make up nearly half (46 percent) of providers at rural, federally qualified health centers. Efforts to address the primary care shortage problems also include incentives for non-physician primary care practitioners such as nurse practitioners and physician assistants. Other strategies include allowing non-physician primary care practitioners to assume more responsibility in meeting primary care needs. Nurse practitioners in Alaska, Arizona, Idaho, Iowa, Maine, Montana, New Hampshire, New Mexico, Oregon, Washington and the District of Columbia, for example, can practice independently, and Maine allows nurse practitioners to practice independently after two years of supervision.

International Medical Students

In addition to non-physician primary care practitioners, some communities fill gaps with international medical graduates--those who earned their medical degrees overseas. In the United

States today, one in four (24.8 percent) primary care physicians earned their medical credentials in another country. The prevalence of international medical graduates practicing in rural areas varies, but as the nation attempts to increase the primary care workforce to meet demand, these practitioners are likely to play an increasing role and may offer one solution filling rural primary care needs.

Additional Resources:

- Workforce Series- Rural Behavioral Health- http://www.ruralhealthweb.org/index.cfm?objectid=0DD81690-3048-651A-FE401843D4DE925C
- An Action Plan for Behavioral Health Workforce Development- SAMHSA- http://www.samhsa.gov/workforce/annapolis/workforceactionplan.pdf
- The Role of Consumers with Lived Experience in Mental Health Workforce Development- http://cafetacenter.net/wp-content/uploads/2011/04/Workforce-Development-1-4-8-11.pdf
- NAMI- Workforce Development Brief- http://www.nami.org/Template.cfm?Section=About_the_Issue&Template=/ContentManagement/ContentDisplay.cfm&ContentID=114129
- Closing the Gaps in the Rural Primary Care Workforce- http://www.ncsl.org/Portals/1/documents/health/RHPrimary.pdf
- Meeting the Primary Care Needs of Rural America: Examining the Role of Non-Physician Providers- http://www.ncsl.org/documents/health/RuralBrief313.pdf
- NGA- The Role of Nurse Practitioners in Meeting Increasing Demand for Primary Care- http://www.nga.org/files/live/sites/NGA/files/pdf/1212NursePractitionersPaper.pdf

INTEGRATION OF PRIMARY AND MENTAL HEALTH CARE SERVICES

Many rural residents who have physical health problems also have serious mental health issues, which can have further adverse effects on their physical well-being. Mental health services tend to be scarce in rural areas. In addition, rural residents may not seek treatment on their own because of long distances to providers. Studies also show that a social stigma is often associated with seeking mental health treatment. By integrating mental health services into the primary care setting, states can increase access for rural populations and also reduce the stigma associated with seeking mental health treatment.

Missouri Mental Health Homes Program

One example of an integration program widely touted as a model for other states comes from Iowa's neighbor to the south, Missouri. In 2011, Missouri became the first state in the nation to receive approval from CMS for a health homes program under Section 2703 of the Affordable Care Act. In the short time since implementation, that state is starting to see cost savings and improved outcomes on both the behavioral health and primary care sides. I recently sat down for a

conversation with Dr. Joseph Parks, chief clinical officer for the Missouri Department of Mental Health and the head of the state's mental health homes program. You can see part of our conversation on NCSL's website at: http://www.ncsl.org/default.aspx?tabid=26781.

Additional Resources:

- Missouri Community Mental Health Center Healthcare Homes- Six Month Review, October 2012- http://dmh.mo.gov/docs/medicaldirector/CMHC-SixMonthReview.pdf
- NASHP Profile- http://www.nashp.org/med-home-states/missouri
- Missouri: Pioneering Integrated Mental and Medical Health Care in Community Mental Health Centers- http://www.commonwealthfund.org/Innovations/State-Profiles/2011/Jan/Missouri.aspx
- Mental Health Community Case Management and Its Effect on Healthcare Expenditures- http://old.thenationalcouncil.org/galleries/business-practice%20files/PsychAnnals.pdf

TELEHEALTH AND TELEMENTAL HEALTH

Because the challenges in recruiting and retaining an adequate health care workforce remain great, many states are looking to telehealth as a way to expand the capacity of providers working in underserved areas and meet the needs of the people living there.

The health care workforce is stretched to its limits in most states. Despite programs operated by state, federal and local governments aimed at recruiting and retaining primary care professionals to these areas, the need outpaces the supply in many communities. Also, many of the current primary care physicians are nearing retirement and the numbers to replace them are insufficient.

For states with large underserved populations, telehealth has emerged as a cost-effective alternative to traditional face-to-face consultations or examinations between provider and patient that does not reduce the quality of care. Telehealth is defined as "the use of technology to deliver health care, health information or health education at a distance." The two types of telehealth applications are real-time communication and store-and-forward. Real-time communication allows patients to connect with providers via video conference, telephone or a home health monitoring device, while store-and-forward refers to transmission of data, images, sound or video from one care site to another for evaluation.

The most common path being taken by states is to cover telehealth services in the Medicaid program. In fact, 42 states now provide some form of Medicaid reimbursement for primary care telehealth services. The state of Maryland will become the 43rd state in October 2013. Another avenue is for states to require private insurance plans to cover telehealth services. 17 states now require private insurance plans in the state to cover telehealth services. Missouri and Montana will join this list in January 2014, and Arizona in January of 2015.

In addition to primary care consultations, telehealth technology is now also being utilized to further educate and increase the capacity of rural health providers.

The technology is still developing and access to broadband internet is still sparse in many areas, however states are increasingly turning to telehealth networks to solve their primary care and behavioral health workforce challenges.

I recently sat down with Elizabeth Steiner Hayward, a state senator representing Oregon's 17th District and a family physician at Oregon Health & Science University and P.J. Treide, a project manager with HealthLinkNow, a private company providing telehealth and telemental health services to rural, underserved areas of Wyoming and Montana to discuss the use of telehealth in rural areas. You can see part of these conversations on NCSL's website at: http://www.ncsl.org/default.aspx?tabid=26781.

Additional Resources:

- May 2013 NCSL Webinar- Opportunities and Obstacles in Rural Telehealth
- High-Tech Health Care- Dec 2012 State Legislatures Magazine Article
- Broadening Broadband- Sept 2012 State Legislatures Magazine Article
- State Telehealth Laws and Reimbursement Policies Report